



MISSOURI DEPARTMENT OF NATURAL RESOURCES
LAND RECLAMATION COMMISSION
PERMIT APPLICATION FOR INDUSTRIAL MINERAL MINES

P.O. BOX 176
JEFFERSON CITY, MO 65102

NAME OF CORPORATION, COMPANY, PARTNERSHIP OR INDIVIDUAL RIVER GRAVEL COMPANY		DATE 01/01/01	
ADDRESS ROUTE #2, BOX 222	CITY STONEVILLE	STATE MO	ZIP CODE 66222
CONTACT PERSON ROBERT DIGGER, OWNER		TELEPHONE NUMBER (417) 555-5555	

CHECK ANY THAT APPLY:

☐ New Permit ☐ Permit Amendment ☐ Permit Revision ☐ Permit Expansion

SITE NAME OR NUMBER	ACREAGE	LOCATION:
		COUNTY, SECTION, TOWNSHIP, RANGE (EAST OR WEST)
1. ROCKY CREEK SITE NO. 1	1	STONE, S-26, T-45N, R10W
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

ATTACH ADDITIONAL SHEETS IF NECESSARY

SIGNATURE OF APPLICANT	TITLE OWNER	DATE 01/01/92
------------------------	-----------------------	-------------------------

Appeared before me this _____ day of _____, 20____, _____
to me personally known, who executed the above as their free acts and deeds.

NOT VALID UNLESS NOTARIZED	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

APPROVED BY (DIRECTOR'S REPRESENTATIVE)	DATE APPROVED	PERMIT NUMBER	EXPIRATION DATE
---	---------------	---------------	-----------------